

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90042 041 \*\*\*\*61.25

60019434



02092006 Chg-NP CR2E037 (11/05)

4. FEI Number  
59-1116429

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

MONTANARI, JOHN E  
3345 MAPLE ST. N.E.Z  
ST. PETERSBURG, FL 33703

## 7. Name and Address of New Registered Agent

Name Marcia L. Olsen  
Street Address (P.O. Box Number is Not Acceptable)  
1920 Massachusetts Ave NE  
City St Petersburg FL Zip Code 33708

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Marcia L. Olsen  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/10/2006  
DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make check payable to**  
**Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	OLSEN, MARCIA	
STREET ADDRESS	1920 MASSACHUSETTS AVE	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WALKER, HOLLY	
STREET ADDRESS	2041 IOWA AVE. N.E.	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MONTANARI, JOHN E	
STREET ADDRESS	3345 MAPLE STREET NE	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kevin D. Grubbs	
STREET ADDRESS	937 Shell Isle Blvd NE	
CITY-ST-ZIP	St Petersburg FL 33704	
TITLE	Financial Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alan P. Sayler	
STREET ADDRESS	1909 Tanglewood Dr NE	
CITY-ST-ZIP	St Petersburg FL 33702	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marcia L. Olsen  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/2006  
Date

Daytime Phone #